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Important Reminder Regarding Translation of Forms

The Department is currently working on translating all consent forms into the various Los Angeles threshold languages. While the Department cannot translate every single document for clients, DMH staff should make every effort to provide all written communication to the client in his/her preferred language to ensure information is given to the client in a manner he/she can understand and, thus, can be involved in his/her treatment. If the client prefers a language other than English, as identified on the Client Face Sheet, DMH staff may provide all written communication to the client in their preferred language. This may be done if staff proficient in writing the preferred language are available and the English version is also available in the Clinical Record. (If staff at the agency is not proficient in writing in the preferred language, DMH is developing procedures on how to access other staff who may assist in translation)

Example: Client prefers Armenian and there is a staff person who is proficient in writing in Armenian

1. Staff person writes the CCCP in both Armenian and in English
2. Make a copy of the Armenian version and provide the original Armenian version to the client.
3. Place the English version and a copy of the Armenian version next to each other in the Clinical Record.

This process may also be followed for letters or other general correspondence given to the client, so long as an English version is placed next to the copy of the preferred language version in the Clinical Record.

REVISED MEDICATION NOTE, NCR PROGRESS NOTE, CONSENT FORMS, AND ADULT SHORT ASSESSMENT

REVISED FORMS AVAILABLE ON INTERNET AND IN THE WAREHOUSE

http://dmh.lacounty.gov/ToolsForClinicians/clinical_forms.html

The following forms have been revised and placed on-line in PDF fillable format for use by **Directly-Operated Programs and, for the MH 656 form, Contract Agencies:**

- MH 515 NCR - Progress Note
- MH 657 NCR - Initial Medication Support Service (90862)
- MH 653 NCR - Complex Medication Support Service (90862)
- MH 655 NCR - Brief Follow-Up Medication Support Service (M0064 or H2010)
- MH 656 NCR - Non-Prescription Medication Note
- MH 656 - Non-Prescription Medication Note

Important Revisions to the Medication Notes and Progress Note:

- Removed checkboxes for EBP/SS Codes and replaced with fill-in the blank spots due to the increase in number of EBP Codes (see IS Codes Manual for a complete list of codes <http://dmh.lacounty.gov/hipaa/index.html>)
- Included the new medication support service procedure codes to the Non-Prescription Medication Note

Implementation for Directly-Operated

These revised forms should be used as soon as the Program runs out of the old version of the form or immediately if accessing the form on-line.



The following forms have been revised and placed on-line in PDF fillable format for use by **Directly-Operated Programs**. **Contract agencies** must take ownership of these forms.

- MH 500 - Consent for Services
- MH 528 - Consent to Photograph/Audio Record
- MH 652 - Consent for Telemental Health Services
- MH 646 - Caregiver's Authorization Affidavit
- MH 635 - Advance Health Care Directive
- MH 556 - Outpatient Medication Review

Important Revisions to the Consent Forms:

- All forms have been revised and reformatted in relation to the signature section of the forms
- The Consent for Services section of client understanding has been reworded to fit current legal language
- The Advance Health Care Directive fact sheet has been attached to the Acknowledgement Form
- The Advance Health Care Directive Acknowledgement Form language has been revised and the contact number for the Mental Health Association updated
- The Consent to Photograph/Audio Record now has included language regarding the requirement of the MH 602 Authorization for any situations in which the photograph/audio recording will be released

Other Important Information Regarding Consents:

- The Outpatient Medication Review has been placed under the Consent forms on-line
- The Department is in the process of having all the above noted forms translated into the 13 threshold languages; a notice will go out as soon as these are available for use
- The Minor Consent form is in the process of being revised due to a new law that went into effect; County Counsel is currently reviewing the revisions.

Implementation for Directly-Operated:

The revised consent forms should be used immediately.

The following form has been revised and placed on-line in PDF fillable format for use by **Directly-Operated Programs and Contract Agencies**.

- MH 678 - Adult Short Assessment

Important Revisions to the Adult Short Assessment:

- Added space to document symptoms/behaviors
- Added prompt and space to document any safety measures needed, required, or taken based on current risk and safety concerns
- Added prompts under the Psychosocial section for Dependent information to allow the CalWORKs program to use this form

Obsolete Forms:

- MH 543 - CalWORKs Mental Health Brief Assessment

Implementation:

Directly-Operated: The revised consent forms should be used immediately.

Contract: Within 6 months of the date of this Bulletin

If you have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

c: Executive Leadership Team	Program Heads	TJ Hill - ACHSA
District Chiefs	Provider Record Keepers	Nancy Butram - RMD
Department QA Staff	QA Service Area Liaisons	